

1. DATE OF INCIDENT 11-JUL-2014		2. NUMBER OF DOCKETS/INCHES 23:40:00		3. LOCATION CODE 1533 S CHRISTIANA AVE CHICAGO, IL 60623		4. LOCATION CODE 303		5. LOCATION CODE 1021	
6. MEMBER NO. 9161		7. LAST NAME KAHN		8. FIRST NAME BRETT K		9. STAFF NO. 17785		10. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
11. RACE CODE (11 AGE) WHI		12. RACE [REDACTED]		13. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. MEMBER INJURED BY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. MEMBER INJURED BY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16. DATE OF APPT 01-AUG-2012		17. EMPLOYER NO [REDACTED]		18. UNIT & BEM OF ASSIGNMENT 010 1065C		19. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		20. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. MEMBER INJURED BY SPICER		22. MEMBER INJURED BY LUCAS		23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		24. RACE BLK		25. B.O.B 23-NOV-1981	
26. ADDRESS 1428 S SPAULDING AVE CHICAGO, IL 60623		27. TELEPHONE NO [REDACTED]		28. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29. SUBJECT INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31. HAD MEDICAL TREATMENT OBTAINED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. CONDITION <input checked="" type="checkbox"/> Hospitalized <input type="checkbox"/> Not Hospitalized		33. APPARENTLY NORMAL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		34. UNDER INFLUENCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		35. RELEASED MEDICAL AID <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
36. CHARGES/CRIMES 9-80-180, 720 ILCS 5.0/31-1-A		37. I.D.N.A. 18932827		38. I.D.N.A. [REDACTED]		39. I.D.N.A. [REDACTED]		40. I.D.N.A. [REDACTED]	
41. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> ATTENDED (HEAD WEAPON) <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		42. ACTIVE REGISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		43. ASSAULT WEAPON IMMEDIATE THREAT OR BATTLES OTHER <input type="checkbox"/>		44. ASSAULT WEAPON ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER <input type="checkbox"/>		45. ASSAULT WEAPON USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER <input type="checkbox"/>	
46. MEMBER'S RESPONSE MEMBER PRESENT <input checked="" type="checkbox"/> VERBAL COMMUNICATION <input checked="" type="checkbox"/> CROCKY MOVES <input type="checkbox"/> WHISTLE <input type="checkbox"/> ARMED <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL RESTRAINT <input type="checkbox"/> OC/CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/> OTHER <input type="checkbox"/>		47. OPEN HAND STRIKE TAKE BODY / EMERGENCY HANDCUFFED <input checked="" type="checkbox"/> OC/CHEMICAL WEAPON CANNON TASER (Probe Discharge) TASER (Contact Stun) TASER (Lesser Frequency) TASER (Stun Displayed) OTHER <input type="checkbox"/>		48. GUN STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER <input type="checkbox"/>		49. KICKS OTHER <input type="checkbox"/>		50. FIREARM OTHER <input type="checkbox"/>	
51. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		52. ADDITIONAL INFORMATION [REDACTED]		53. ADDITIONAL INFORMATION [REDACTED]		54. ADDITIONAL INFORMATION [REDACTED]		55. ADDITIONAL INFORMATION [REDACTED]	
56. POSITION [REDACTED]		57. STAFF NO. [REDACTED]		58. UNIT [REDACTED]		59. ADDITIONAL INFORMATION [REDACTED]		60. ADDITIONAL INFORMATION [REDACTED]	
61. WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN 04 SEMI-AUTOMATIC 05 CIVILIAN WEAPON 06 TASER (Probe Discharge) 07 OTHER		62. INCIDENT OCCURRED Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		63. LIGHTING CONDITIONS 01 Night 02 Day 03 Poor Artificial 04 Good Artificial 05 Good Natural		64. WEATHER CONDITIONS 01 Clear 02 Cloudy 03 Rain 04 Snow 05 Fog 06 Thunderstorm 07 Other		65. WEATHER CONDITIONS CLEAR	
66. TASER PART ID NO. [REDACTED]		67. TASER SERIAL NO. (Include Labels) [REDACTED]		68. CHARGED GUNNER NO. [REDACTED]		69. FIREARM OWNER ID. NO. [REDACTED]		70. HANDGUN CERTIFICATE NO. [REDACTED]	
71. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		72. PROPERTY INVENTORY NO. [REDACTED]		73. TYPE OF AMMUNITION USED [REDACTED]		74. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		75. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]	
76. WHO FIRED FIRST SHOT 01 MEMBER 02 OFFENDER 03 OTHER (Specify) 04 OTHER (Specify)		77. WAS WEAPON RELOADED DURING INCIDENT? 01 YES 02 NO		78. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		79. HOW WAS WEAPON'S MOUTHPIECE WORKING? 01 RT. SIDE (MOUTH) 02 LT. SIDE (MOUTH) 03 OTHER (Specify)		80. DID MEMBER USE SHORTS 01 YES 02 NO	
81. HOW WAS MEMBER'S MANDOLIN DRAWN? 01 STRONG SIDE DRAW 02 CROSS DRAW 03 OTHER (Specify)		82. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		83. DID MEMBER USE SHORTS 01 YES 02 NO		84. DID MEMBER USE SHORTS 01 YES 02 NO		85. DID MEMBER USE SHORTS 01 YES 02 NO	
86. DESCRIBE PROTECTIVE COVER USED (LIGHT POTES DOORWAYS CAR FURNITURE ETC) [REDACTED]		87. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 01 0 - 15 FT 02 15 - 30 FT 03 30 - 45 FT 04 OVER 45 FT		88. POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING 02 LYING DOWN 03 SITTING 04 KNEELING 05 OTHER (SPECIFY)		89. POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING 02 LYING DOWN 03 SITTING 04 KNEELING 05 OTHER (SPECIFY)		90. POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING 02 LYING DOWN 03 SITTING 04 KNEELING 05 OTHER (SPECIFY)	
91. NOTIFICATIONS (OC OR TASER INCIDENT): OFMC <input checked="" type="checkbox"/> DESK SET, & W.C./DIST. OF OCCUR.		92. NOTIFICATIONS (FIREARM INCIDENT): OFMC <input checked="" type="checkbox"/> DESK SET, & W.C./DIST. OF OCCUR.		93. NOTIFICATIONS (FIREARM INCIDENT): OFMC <input checked="" type="checkbox"/> DESK SET, & W.C./DIST. OF OCCUR.		94. NOTIFICATIONS (FIREARM INCIDENT): OFMC <input checked="" type="checkbox"/> DESK SET, & W.C./DIST. OF OCCUR.		95. NOTIFICATIONS (FIREARM INCIDENT): OFMC <input checked="" type="checkbox"/> DESK SET, & W.C./DIST. OF OCCUR.	
96. MEMBERS WILL ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		97. MEMBERS WILL ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		98. MEMBERS WILL ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		99. MEMBERS WILL ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		100. MEMBERS WILL ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	
101. REPORTING MEMBER (Name/Name) KAHN, BRETT K		102. STAFF/EMPLOYEE NO 17785		103. SIGNATURE [REDACTED]		104. DATE/TIME 12-JUL-2014 02:50:32		105. DATE/TIME 12-JUL-2014 02:50:32	
106. REVIEWING SUPERVISOR (Print/Name) LARA, ILDEFONSO J		107. STAFF NO 1607		108. SIGNATURE [REDACTED]		109. DATE/TIME 12-JUL-2014 03:44:25		110. DATE/TIME 12-JUL-2014 03:44:25	

U-11.377 (REV. 11/81)

Log#107132D
ATT#2L

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR 3.) ACCIDENTAL DISCHARGE OF FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

*THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

☒ REFUSED

☐ UNABLE TO BE INTERVIEWED (Specify Reason)

Smith, after losing his Constitutional Rights from R/L at 0050 Hrs, in a 10th District processing room building cell, stated that he wanted to go home.

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Upon reviewing the officer's sworn report and interviewing subject Simmons, Lisa (CB #18932820), the members in room were in compliance with Department procedures and directives.

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO. AND _____ DATED

78 WATCH COMMANDER/OCIC (Print Name)

GILTMIER, BETH A

SIGNATURE

DATE COMPLETED

TITLE

12-JUL-2014 04:08:55

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF

CASE REPORT

ARREST REPORT

SUPPLEMENTARY REPORT

OFFICER BATTERY REPORT

TR FROM SUBJECT REPORTS FROM DEPARTMENT WITNESSES

LOG REPORT

OR INITIATION REPORT

80 TOTAL TRR'S THIS EVENT NO.

4